No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39307

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 4273 Registrar's No. 79

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CONCORDIA
c. LENGTH OF STAY (in this place): ALL HER LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1012 BISMARK ST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LAFAYETTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CONCORDIA 0540
d. STREET ADDRESS (If rural, give location): 1012 BISMARK 0

3. NAME OF DECEASED (Type or Print)
a. (First): PAULINE
b. (Middle):
c. (Last): EHLERS

4. DATE OF DEATH (Month) (Day) (Year): NOV 18 1952

5. SEX: 1 FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW 2
8. DATE OF BIRTH: MARCH 11, 1866
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME WORK
11. BIRTHPLACE (City and State or Foreign Country): CONCORDIA, MO. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JULIUS VOGT
13b. MOTHER'S MAIDEN NAME: MARIE NOERPER
14. NAME OF HUSBAND OR WIFE: FREDRICK M. EHLERS DECEASED

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S SIGNATURE OR NAME: FRIEDA EHLERS — ADDRESS: KANSAS CITY, MO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility with Hypostatic Pneumonia 56 Hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 522X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 14, 1942 *to* Nov 18, 1952 *that I last saw the deceased alive on* Nov 18, 1952 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frederick G. Goeman DC
23b. ADDRESS: Concordia Mo
23c. DATE SIGNED: Nov 19 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 11/21/52
24c. NAME OF CEMETERY OR CREMATORY: ST. PAULS
24d. LOCATION (City, town, or county): CONCORDIA (State): MO

DATE REC'D BY LOCAL REG.: Nov. 22-1952
REGISTRAR'S SIGNATURE: Clayton A. Landrum 154-J
25. FUNERAL DIRECTOR'S SIGNATURE: E. S. James — ADDRESS: Concordia Mo

(Licensed Embalmer's Statement on Reverse Side)

JAN 5 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

..... Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed E. A. Jones

Licensed Embalmer No. 205-8

P. O. Address Cornudia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.